



Agency Legislative Proposal - 2022 Session

Document Name: 10012022_DMHAS_RBHAO

(If submitting electronically, please label with date, agency, and title of proposal – 092620_SDE_TechRevisions)

State Agency: DMHAS

Liaison: Mary Kate Mason

Phone: (860)418-6839

E-mail: mary.mason@ct.gov

Lead agency division requesting this proposal: Office of the Commissioner

Agency Analyst/Drafter of Proposal: Mary Kate Mason

Title of Proposal: An Act Concerning the Regional Behavioral Health Action Organizations

Statutory Reference: 17a-671, 17a-484,

Proposal Summary:

This proposal aligns past statutes with current practice

PROPOSAL BACKGROUND

◇ Reason for Proposal

Please consider the following, if applicable:

- (1) *Have there been changes in federal/state/local laws and regulations that make this legislation necessary?*
- (2) *Has this proposal or something similar been implemented in other states? If yes, what is the outcome(s)? Are other states considering something similar this year?*
- (3) *Have certain constituencies called for this action?*
- (4) *What would happen if this was not enacted in law this session?*

Due to budget constraints the 2017 Connecticut budget streamlined 18 small sub regional planning entities into 5 regional entities. This legislation codifies the new entities. This is a similar proposal that failed in the 2018 session. The previous proposal was not part of the DMHAS legislative package. The Regional Behavioral Health Action Organizations are acting in concert with the Department on this proposal.

◇ Origin of Proposal

☒ New Proposal

☐ Resubmission

If this is a resubmission, please share:

- (1) *What was the reason this proposal did not pass, or if applicable, was not included in the Administration's package?*
- (2) *Have there been negotiations/discussions during or after the previous legislative session to improve this proposal?*
- (3) *Who were the major stakeholders/advocates/legislators involved in the previous work on this legislation?*
- (4) *What was the last action taken during the past legislative session?*



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PROPOSAL IMPACT

◇ AGENCIES AFFECTED *(please list for each affected agency)*

Agency Name:

Agency Contact *(name, title, phone):*

Date Contacted: [Click here to enter text.](#)

Approve of Proposal ☐ YES ☐ NO ☐ Talks Ongoing

Summary of Affected Agency's Comments

[Click here to enter text.](#)

Will there need to be further negotiation? ☐ YES ☐ NO

◇ FISCAL IMPACT *(please include the proposal section that causes the fiscal impact and the anticipated impact)*

Municipal *(please include any municipal mandate that can be found within legislation)*

n/a

State

n/a

Federal

n/a

Additional notes on fiscal impact

n/a



◇ **POLICY and PROGRAMMATIC IMPACTS** *(Please specify the proposal section associated with the impact)*

This codifies existing practice so will not have policy or programmatic impact

◇ **EVIDENCE BASE**

What data will be used to track the impact of this proposal over time, and what measurable outcome do you anticipate? Is that data currently available or must it be developed? Please provide information on the measurement and evaluation plan. Where possible, those plans should include process and outcome components. Pew MacArthur Results First [evidence definitions](#) can help you to establish the evidence-base for your program and their [Clearinghouse](#) allows for easy access to information about the evidence base for a variety of programs.

[Click here to enter text.](#)

Insert fully drafted bill here

Section 1. (NEW) *(Effective from passage)*: (a) There are established within the Department of Mental Health and Addiction Services five regional behavioral health action organizations, one for each mental health region in the state established pursuant to section 17a-478 of the general statutes. Each regional behavioral health action organization shall serve as a strategic community partners responsible for behavioral health planning, education, coordination of prevention, promotion of behavioral health, and advocacy for behavioral health needs and services within the region.

(b) The duties of each regional behavioral health action organization, within its mental health region, shall include, but need not be limited to: (1) Assess the behavioral health needs of children, adolescents and adults across the regions, and engage stakeholders in identifying needs, problems, barriers, and gaps in the service continuum, (2) build the capacity of local communities to understand and address problem gambling, (3) raise awareness and provide advocacy to the general public related to mental health promotion and substance abuse prevention, treatment and recovery, (4) receive and expand federal, state, local funds and leverage funds to support behavioral health promotion, prevention, treatment and recovery activities, (5) serve on local, regional and state-wide advisory and planning bodies, (6) within available appropriations, provide training in the administration of an opioid antagonist, as defined in section 17a-714a of the general statutes, and distribute supplies of opioid antagonists to communities, (7) report community needs, program review findings, and conclusions annually to the relevant state, regional and local stakeholders together with recommendations for the establishment, modification or expansion of behavioral health services within the region, and (8) through its diverse constituent representation shall serve as the regional partner that links and aligns federal, state, regional and local behavioral health initiatives.

(c) The regional behavioral health action organization, through its diverse constituent representation shall serve as the regional partner that links and aligns federal, state, regional and local behavioral health initiatives. Each regional behavioral health action organization shall ensure that constituent representation includes, but is not limited to, federal twelve sector coalition representation consisting of elected officials, parents, youth,



faith based, law enforcement, healthcare, persons with lived experience of behavior health, family members with lived experience of behavioral health, behavioral health treatment providers, businesses, youth serving organizations, civic or fraternal groups, education, media, and interested others.

Section 2. Section 4-28g is repealed and the following is substituted in lieu thereof (*Effective from passage*):

Any governmental entity or Section 501(c)(3) of the Internal Revenue Code of 1986, or any subsequent corresponding internal revenue code of the United States, as from time to time amended or Section 501(c)(4) of said Internal Revenue Code organization, including, but not limited to, local health districts and **[regional action councils]** regional behavioral health action organizations, which receives state dollars for tobacco education or reduction or prevention of tobacco use, shall submit a plan to the Department of Public Health identifying the target population, the methods for choosing the target population, and the evaluation component for the effectiveness of the program. Such plan shall be approved by the Department of Health prior to the release of funds.

Section 3. Subsection (j) of section 17a-451 is repealed and the following is substituted in lieu thereof (*Effective from passage*):

(j) The commissioner shall be responsible for developing and implementing the Connecticut comprehensive plan for prevention, treatment and reduction of alcohol and drug abuse problems to be known as the state substance abuse plan. Such plan shall include a mission statement, a vision statement and goals for providing treatment and recovery support services to adults with substance use disorders. The plan shall be developed by July 1, 2010, and thereafter shall be triennially updated by July first of the respective year. The commissioner shall develop such plan, mission statement, a vision statement and goals after consultation with: (1) The Connecticut Alcohol and Drug Policy Council established pursuant to section 17a-667; (2) the Criminal Justice Policy Advisory Commission established pursuant to section 18-87j; (3) the **[sub regional planning and action councils]** regional behavioral health action organizations established pursuant to section 17a-671; (4) clients and their families, including those involved with the criminal justice system; (5) treatment providers; and (6) other interested stakeholders. The plan shall outline the action steps, time frames and resources needed to meet specified goals and shall, at a minimum, address: (A) Access to services, both prior to and following admission to treatment;

Section 4. Section 17a-456 is repealed and the following is substituted in lieu thereof (*Effective from passage*):

here shall be a Board of Mental Health and Addiction Services that shall consist of: (1) Nineteen members appointed by the Governor, subject to the provisions of section 4-9a, five of whom shall have had experience in the field of substance abuse, five of whom shall be from the mental health community, three of whom shall be physicians licensed to practice medicine in this state who have had experience in the field of psychiatry, two of whom shall be psychologists licensed to practice in this state, two of whom shall be persons representing families of individuals with psychiatric disabilities, and two of whom shall be persons representing families of individuals recovering from substance use disorders; (2) the chairmen of the regional mental health boards established pursuant to section 17a-484; (3) one designee of each such board; and (4) two designees from each of the five **[subregions represented by the substance abuse subregional planning and action councils]** regional behavioral health action organizations established pursuant to section 17a-671, of which one designee shall represent individuals with psychiatric disabilities and one designee shall represent individuals



recovering from substance use disorders; [(5) one designee from each mental health region established pursuant to section 17a-478, each of whom shall represent individuals with psychiatric disabilities, selected by such regional mental health boards in collaboration with advocacy groups; and (6) one designee from each of the five subregions represented by such substance abuse subregional planning and action councils, each of whom shall represent individuals recovering from substance use disorders, selected by such substance abuse subregional planning and action councils in collaboration with advocacy groups.] The members of the board shall serve without compensation except for necessary expenses incurred in performing their duties. The members of the board may include representatives of nongovernment organizations or groups, and of state agencies, concerned with planning, operation or utilization of facilities providing mental health and substance abuse services, including consumers and providers of such services who are familiar with the need for such services, except that no more than half of the members of the board shall be providers of such services. Appointed members shall serve on the board for terms of four years each and members who are designees shall serve on the board at the pleasure of the designating authority. No appointed member of the board shall be employed by the state or be a member of the staff of any institution for which such member's compensation is paid wholly by the state. A majority of the board shall constitute a quorum.

Section 5. Section 17a-470 is repealed and the following is substituted in lieu thereof (*Effective from passage*):

Each state hospital, state-operated facility or the Whiting Forensic Hospital for the treatment of persons with psychiatric disabilities or persons with substance use disorders, or both, except the Connecticut Mental Health Center, may have an advisory board appointed by the superintendent or director of the facility for terms to be decided by such superintendent or director. In any case where the present number of members of an advisory board is less than the number of members designated by the superintendent or director of the facility, he shall appoint additional members to such board in accordance with this section in such manner that the terms of an approximately equal number of members shall expire in each odd-numbered year. The superintendent or director shall fill any vacancy that may occur for the unexpired portion of any term. No member may serve more than two successive terms plus the balance of any unexpired term to which he had been appointed. The superintendent or director of the facility shall be an ex-officio member of the advisory board. Each member of an advisory board of a state-operated facility within the Department of Mental Health and Addiction Services assigned a geographical territory shall be a resident of the assigned geographical territory. Members of said advisory boards shall receive no compensation for their services but shall be reimbursed for necessary expenses involved in the performance of their duties. [At least one-third of such members shall be from a substance abuse subregional planning and action council] Membership shall include representatives of the regional behavioral health action organizations established pursuant to section 17a-671, and at least one-third shall be members of the catchment area councils, as provided in section 17a-483, for the catchment areas served by such facility, except that members serving as of October 1, 1977, shall serve out their terms.

Section 6. Section 17a-476 is repealed and the following is substituted in lieu thereof (*Effective from passage*):

(a) Any general hospital, municipality or nonprofit organization in Connecticut may apply to the Department of Mental Health and Addiction Services for funds to establish, expand or maintain psychiatric or mental health services. The application for funds shall be submitted on forms provided by the Department of Mental Health and Addiction Services, and shall be accompanied by (1) a definition of the towns and areas to be served; (2) a plan by means of which the applicant proposes to coordinate its activities with those of other local agencies presently supplying mental health services or contributing in any way to the mental health of the area; (3) a



description of the services to be provided, and the methods through which these services will be provided; and (4) indication of the methods that will be employed to effect a balance in the use of state and local resources so as to foster local initiative, responsibility and participation. In accordance with subdivision (4) of section 17a-480 and subdivisions (1) and (2) of subsection (a) of section 17a-484, the [regional mental health board shall] regional behavioral action organization may review each such application with the Department of Mental Health and Addiction Services and make recommendations to the department with respect to each such application.

(b) [Upon receipt of the application with the recommendations of the regional mental health board and approval by the Department of Mental Health and Addiction Services, the] The department shall grant such funds by way of a contract or grant-in-aid within the appropriation for any annual fiscal year. No funds authorized by this section shall be used for the construction or renovation of buildings.

Section 7. Section 17a-482 is repealed and the following is substituted in lieu thereof (*Effective from passage*):

“Catchment area” means any geographical area within the state established as such by the Commissioner of Mental Health and Addiction Services, the boundaries of which may be redesignated by said commissioner when deemed necessary to equalize the population of each area and in such manner as is consistent with the boundaries of the municipalities therein, provided such boundaries of any catchment area shall be entirely within the boundaries of a mental health region established under section 17a-478; “council” means the catchment area council established under section 17a-483; [“regional mental health board”] regional behavioral health action organization means the organization established by section 1 of this act appointed within each mental health region under subsection (c) of section 17a-483 as established by Section 8 of this act; and “provider” means any person who receives income from private practice or any public or private agency which delivers mental health services.

Section 8. Section 17a-483 is repealed and the following is substituted in lieu thereof (*Effective from passage*):

(2) only one town or portion thereof, seven representatives shall be appointed. Such representatives shall be consumers and shall be appointed by the first selectmen, mayor or governing official of such town or portion thereof. The representatives appointed shall elect by majority vote an additional number of representatives, which number shall not exceed the number initially appointed. Not less than fifty-one per cent and not more than sixty per cent of the total catchment area council membership shall be persons with lived experience of a behavior health disorder [consumers].

(b) Each catchment area council shall study and evaluate the delivery of mental health services in its respective catchment area in accordance with regulations adopted by the Commissioner of Mental Health and Addiction Services. Each council shall make such reports and recommendations to the [regional mental health boards] regional behavioral health action organizations as such [boards] organizations may require or which the catchment area council may deem necessary.

(c) Each catchment area council shall elect four members of its council to serve as members of the [regional mental health board] regional behavioral health action organizations of the region in which it is located, not more than two of whom shall be providers of mental health services. The [regional mental health boards] regional behavioral health action organizations shall consist of the members elected by the catchment area



councils and one representative designated by the Commissioner of Mental Health and Addiction Services from each state-operated facility serving the region.

(d) Members of catchment area councils shall receive no compensation for their services but may be reimbursed by the Department of Mental Health and Addiction Services for necessary expenses incurred in the performance of their duties.

Section 9. Subdivision (2) of subsection(a) of Section 19a-507 is repealed and the following is substituted in lieu thereof (*Effective from passage*):

(1) "Mentally ill adult" means any adult who has a mental or emotional condition which has substantial adverse effects on his ability to function and who requires care and treatment but shall not mean any adult who is dangerous to himself or herself or others, as defined in section 17a-495, or who is an alcohol-dependent person or a drug-dependent person, as defined in section 17a-680, or who has been placed in any community-based residential home by order of the Superior Court or has been released to any community-based residential home by the Department of Correction or any person found not competent to stand trial for any crime pursuant to section 54-56d or committed pursuant to sections 17a-580 to 17a-602, inclusive; [(2) "regional mental health board" means a regional mental health board, as defined in section 17a-482;] [(3)] (2) "community residence" means a facility which houses the staff of such facility and eight or fewer mentally ill adults which is licensed by the Commissioner of Public Health and which provides supervised, structured group living activities and psychosocial rehabilitation and other support services to mentally ill adults discharged from a state-operated or licensed facility or referred by a licensed physician specializing in psychiatry or a licensed psychologist.

Section 10. Subsection (c) of 19a-507b is repealed and the following is substituted in lieu thereof (*Effective from passage*):

(c) An applicant for a license to operate a community residence shall mail a copy of the application made to the Department of Public Health [to the regional mental health board] and the governing body of the municipality in which the community residence is to be located, by certified mail, return receipt requested. All applications shall specify the number of community residences in the municipality, the address of each such residence and the number of residents in each and the address of the proposed community residence, and shall include population and occupancy statistics reflecting compliance with the limits established pursuant to subsection (a) of this section.

Section 11. Sections 17a-671, 17a-484 and 17a-480 are repealed. (*Effective from passage*)

(Shown below for informational purposes only).

[Sec. 17a-480. (Formerly Sec. 17-226g) Regional mental health directors. The Department of Mental Health and Addiction Services, in consultation with regional mental health boards as established by subsection (c) of section 17a-483, (1) may purchase services from other public agencies and from municipal and private agencies, (2) shall supervise, plan and coordinate mental health services with the goal of improving and expanding existing services and providing new ones, (3) shall develop joint programs in conformity with Department of Mental Health and Addiction Services standards, (4) shall make recommendations concerning



all requests for grants and all contract proposals emanating from the regions, (5) shall evaluate mental health service delivery and monitor such services to insure that they are in conformity with the plans and policies of the Department of Mental Health and Addiction Services, and (6) shall report annually to the Board of Mental Health and Addiction Services on the status of programs and needs of the regions.]